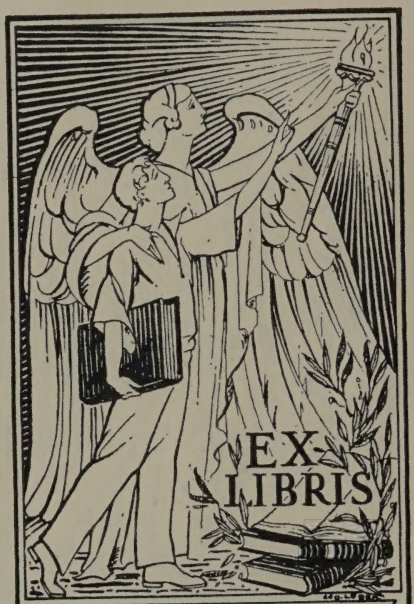
DETROIT TRAINING COTTAGE FOR THE BLIND....Hoover, K. O'D.

TALKING BOOKS FOR THE BLIND .....Annan, E. L.



WELFARE

Detroit's Training Cottage for the Blind

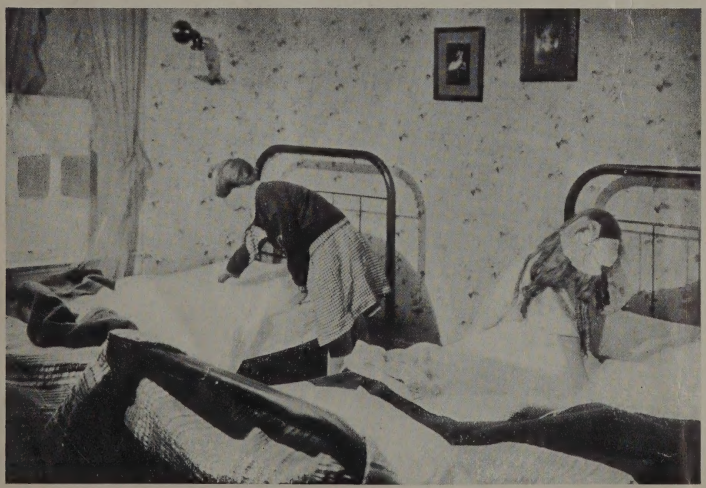
By Kathleen O'D. Hoover

"BLESSINGS upon this pretty cottage, a nest where little birds with broken wings shall be taught to fly again, safe and far." So reads the dedication which was inscribed by Helen Keller in the guest book of the Detroit Junior League's Training Cottage for the Blind on the day of its opening, three years ago, in October, 1931. This comparatively young institution represents a type of philanthropy that is not too familiar in this country and is the most creative work yet to be undertaken by the Detroit League in its varied activities in behalf of the handicapped. Its aim is twofold, for it not only supplies to sightless young children who attend school that instruction in additional training that cannot be given in the classroom and is not available in their own home, but it also offers practical courses in domestic science and in home-making for older blind girls when they have completed the public school curriculum.

The idea for this venture can be attributed to Charles F. F. Campbell, former director of the League for the Handicapped which is sponsored by the Detroit Junior League, and himself an experienced worker for the blind. For over fifteen years he had felt the need of special training in the blind child's school work, not with the intention of supplanting that school work but of serving as a supplement to it, and had shared in planning such an enterprise in Cleveland in 1918. As this venture in Cleveland had been a municipal undertaking, its continued operation after the first few experimental years was made impossible by a change of administration. Then, in 1929, Robert B. Irwin, the blind executive director of the American Foundation for the Blind and the head of the Cleveland enterprise during the time of its functioning, came to Detroit and discussed with a number of Junior League members the feasibility of reviving this work. Fortified with the advice and encouragement which his experience offered them, a committee of six of our members decided in the fall of 1931 to found a small residential training school for the blind which was, and still is, the only one of its kind in the country, and the second one ever to be operated. The plan was financed by donations which were asked from the Junior League membership and liberally given, and many individuals outside of the League made voluntary contributions, among which was a generous supply of furniture from the Governor of Michigan. After a comprehensive survey of suitable locations in the city, the committee leased a roomy white cottage near one of the two public schools in Detroit where Braille is taught.

They equipped the Cottage to shelter eight children and engaged a trained resident matron to supervise its operation, and a dietitian from a school of special education to act in an advisory capacity for the planning of simple, nourishing meals, while an association of visiting housekeepers volunteered useful suggestions about budgets and bills of fare. They next obtained a list of children from the heads of the Braille and Sight-Saving classes of the Board of Education, with the understanding that each child should be provided with one year's training at the Cottage during early school years and later another year's training before entering high school. This list was chosen from among children whose home environment was the least happy. With the aid of Detroit's Merrill Palmer School of Special Education and of the Detroit Board of Education and of other welfare agencies, this committee formulated a course of training whereby the blind should be taught to be intelligently blind, and to become active, capable persons in spite of their handicap.

Especially stressed in this plan has been the modern theory in work with the blind which avoids any emphasis upon the difference between sighted and blind children, minimizing that difference in the most ingenious ways to a degree that is almost negligible. As a result of this the inmates of the Cottage soon become surprisingly independent, learning not only how to wash and dress and undress themselves—acquiring a zest for soap and water and a skill in manipulating the tooth brush and hair comb that could rival that of many a sighted child—but to prepare meals and to assist in housework generally, washing and drying dishes, ironing clothes, making beds, raking leaves, and any number of useful occupations. They learn to do these things, moreover, with the utmost ease and naturalness, approaching as nearly as can be devised the life and pursuits of a seeing child. They are taught to play too—games of checkers with boards that have cut out squares instead of painted ones, and games of dominoes whose blocks have raised dots, and card games with decks that are marked in Braille figures. There is also at their disposal a well-stocked juvenile library in Braille.



Two blind girls learning to make beds at the Detroit Junior League Training Cottage for the Blind.

ATTENDANCE at the Cottage is voluntary and gratuitous, when necessary, though in the majority of cases par-

so that now some 20,000 persons in that city are members of group hospitalization plans. Meanwhile, similar plans have been started in other cities.

The cost of membership in group hospitalization plans ranges from $5 to $12 a year, depending on the locality and the scope of hospital service provided. Each subscriber to such a plan pays the agreed amount monthly into a central fund, administered usually by a mutual non-profit association, sometimes by a hospital staff. From this fund the hospital bills of the individual members are paid as they happen to need care. In Elkin, North Carolina, there is only one hospital. In Newark, New Jersey, and the surrounding territory in Essex County, 22 hospitals have joined in forming a mutual non-profit organization which their trustees and public-spirited citizens administer. The plan has now been running over a year and has some 5,000 members. They are now extending the plan to cover subscribers' families by giving family members a large discount on their hospital bills.

THE American Hospital Association, the national organization of hospitals in the United States, endorsed the principle of group hospitalization over a year ago. Last spring the American College of Surgeons, one of the leading organizations of professional men in the United States, endorsed it officially, and the medical societies of a number of states, such as New York, North Carolina, Michigan, and local societies such as those in New York City, Cleveland, and the District of Columbia have taken similar action. The American Hospital Association has established certain standards which these group hospitalization plans should meet. In the first place, the plans ought to be established for the benefit of the subscribers and their families, not for commercial promoters or for the gain of hospitals. The plans should be organized, therefore, on a non-profit basis, as most of our good hospitals themselves are organized. The plan should not interfere with the subscriber's freedom to choose the physician that he wishes to have treat him, or the hospital to which he wishes to go. The plans must comply with the laws of the state in which they are organized, and must be economically sound and efficiently managed.

It is well worth while for volunteer groups to coöperate in their own communities for the development of plans that will help people of the middle class group to meet these unexpected and burdensome costs of hospital service. In England a plan of this kind began about a dozen years ago, and now fifteen million people, one-third of the population, are protected against the cost of hospital bills.

I have talked almost wholly on the economic side of the question, but I do not want to close without mentioning another side, because health service is peculiarly a service which relates to the body of the individual and to his mind and personality, in view of all those who are the victims of ill health or those who administer to them. Health service is a peculiar kind of service. You can deal with malaria and typhoid by dealing with the problems of water supply and milk supply. You cannot deal with the kind of trouble Dr. O'Brien spoke about except by dealing with the individual. Look at it from the standpoint of a physician for a moment. The physician is concerned as a practitioner with caring for one sick person after another. It is true that the main bulk of the activities of most physicians is concerned with the cure of sickness and less with prevention than we would like. Perhaps you know the jingle which was published in the *Journal of the American Medical Association,* showing the attitude of the physician and the community.

There was once a doctor whose name was Peck
Who fell in a well and broke his neck
The folks all said the fault was his own
Should have tended his sick
And left the well alone!

The physician sees all his clients and all society as a series of individuals rather than as a series of organizations, and many of us who are working as volunteers or professionals are thinking of the individual through the organization in which we are working as officials or board members or directors. Both points of view are constantly upholding the individual, conserving individuality and maintaining it. On the other hand, there are those who realize that only through organization can the knowledge we have be made into an effective foundation and frame work in which individuality can have its place in the modern world.

Delegates visiting in the reception room of Young-Quinlan's store just before the final dinner given at Miss Estler's, at the Minneapolis Welfare Conference